

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin



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GUY P. JONES
EDITOR

Typhoid Fever Rate is Low.

The year 1921 brought the lowest typhoid fever death rate in the history of California. The provision of pure water supplies, the prevention of stream pollution, safer camping facilities, the compliance of the general public with sanitary regulations, the provision of pasteurized milk through California's model milk law and several other important factors, have brought about this good record. Cases, deaths and rates per hundred thousand population for typhoid fever in California during the past five years are as follows:

Year	Cases	Deaths	Rate per 100,000 population
1918	1,055	197	6.0
1919	960	185	5.4
1920	1,137	172	4.8
1921	953	147	4.1
1922	969	168	4.4
Totals	5,074	869	

It is remarkable that California is able to keep its typhoid fever death rate so low when it is considered that most community water supplies find their sources in surface streams. It speaks well for the control and treatment of municipal water supplies in this state. The only states achieving better records in typhoid control are the New England states of Massachusetts, Rhode Island, New Jersey, New Hampshire, New York and Connecticut. Minnesota, however, a middle west state, active in efficient public health administration, and Wisconsin, similarly active, are close contenders with Massachusetts for first

place in this roll of honor. Nebraska, admitted to the United States Registration Area only recently, in 1920, had a lower typhoid fever death rate than any of our Pacific Coast states. The possibilities for almost eradicating typhoid fever are very great. If the rural districts in this state were as well organized, from a public health standpoint, as are most of its large cities, the state's typhoid fever death rate might be made to approach the vanishing point. The remarkable reductions in typhoid could not have been made possible without the work of the strong public health organizations in the larger cities.



Examination for Assistant Physician.

The California State Civil Service Commission announces an examination for the position of Assistant Physician in the State Hospitals for the Insane, to be held on April 7, 1923. The salaries for the various positions are as follows:

Position	Salary
First Assistant Physician—	
First, second and third years	\$2,760
Fourth, fifth and sixth years	3,000
Seventh year	3,240
Assistant Physician—	
First year	2,040
Second year	2,160
Third and fourth years	2,340
Fifth and sixth years	2,520
Seventh year	2,700

Full maintenance is provided in each case. This includes provision for wife and minor children.

Candidates for this examination must either hold certificates entitling them to practice medicine and surgery in California or they must secure such certificates on or before July

1, 1923. They must also be graduates of the medical course of a Class A or a Class B institution.

To qualify as First Assistant Physician, candidates must have had at least two years' actual experience in the care and treatment of the insane; as Assistant Physician, at least one year of such experience. Candidates for positions in the Southern California State Hospital at Patton must be graduates of recognized homeopathic medical schools.

NOTE.—Candidates outside of California may obtain further information in regard to securing a reciprocity certificate by applying to the Board of Medical Examiners of the State of California, Sacramento, Calif.

The examination is open to all American citizens who have reached their twenty-first but not their sixty-first birthday on the date of the examination, who are in good physical condition, and who meet the requirements outlined above. Persons who have reached their forty-fifth birthday will not be eligible unless they have had at least three years' recent experience in a hospital for the insane.

The examination will be held in Sacramento, San Francisco and Los Angeles in California, and, upon request, in any of the following cities outside of California, as well as in such other cities as it can conveniently be arranged for.

Denver, Colo.
New York City
Philadelphia
Boston, Mass.
New Orleans

Columbus, O.
St. Louis, Mo.
Seattle, Wash.
Chicago, Ill.
Madison, Wis.

The examination in cities outside of California will be conducted through the cooperation of the state or city Civil Service Commissions in those cities, or through the cooperation of the medical superintendents of the hospitals in which candidates are now employed.

Persons desiring to enter this examination may secure application blanks from the California State Civil Service Commission at Room 331, Forum Building, Sacramento, or Room 1007, Hall of Records, Los Angeles.

Completed applications must be filed with the Civil Service Commission in Sacramento on or before March 24, 1923.



What the Sheppard-Towner Law Provides.

In response to many requests concerning the provisions of the Sheppard-Towner law for the promotion and maintenance of infant and maternal welfare, a skeleton analysis of the law is published here. This measure was established in order to combat the needless loss of life among mothers and their infants. During 1921, in the birth registration area of the United States, 200,000 babies under one year of age died—76 out of every 1,000 babies born alive. During the same year 20,000 mothers lost their lives in childbirth,—8 out of every 1,000 giving birth to children.

The essential provisions of this law are:

I. Grants to the states accepting its provisions:

- (a) Gift of \$5,000 for the fiscal year (1921-1922) and \$5,000 yearly thereafter.
- (b) Of \$1,000,000 additional appropriated by Congress yearly, \$5,000 more if matched by state expenditures for the same work. The remainder is apportioned to the state on the basis of the population, if matched.

II. Further provisions:

- (a) Places the administration of the funds for state use in the hands of any existing child welfare division of the State Board of Health.
- (b) Expressly provides that this bill does not give any of its agents the right to enter homes.
- (c) Prohibits the use of funds for maternity homes, equipment or benefits.
- (d) Creates a Federal Board of Maternity and Infancy with the administration in the Children's Bureau.
- (e) Allows \$50,000 yearly for Federal administration.

This means that California has, for 1922 and 1923, \$10,000 outright and by matching the state funds already appropriated, a total of \$37,011.12. For each succeeding fiscal year, with the usual state appropriation, the maximum amount from the Federal Government will be \$24,280.

How California Plans to Use Funds.

The following outline indicates the plan of procedure in the expenditure of the California allotment for the promotion of infant and maternal welfare in this state:

- (a) Work will be carried on by counties where possible and in rural communities.
- (b) State workers: one, for contact with public health nurses; one, to survey midwives; one, for nutrition work with mothers; and one, for dental hygiene.
- (c) Lecture bureau, films, slides, exhibits and literature.
- (d) The residue to pay the salaries of nurses to be lent for limited periods in counties where an equal amount of money is furnished to cover traveling expenses, equipment and an initial housing for a baby center. These nurses will work in cooperation with the local health officers and all physicians interested in infant and maternal welfare as community problems. A local committee will be organized to help in the health centers, interest the community and give local support.



Institute for Public Health Nurses.

The institute for public health nurses given last summer by the California State Board of Health in cooperation with the University of California was a distinct success and the results were so encouraging that a similar institute is being arranged.

The 1923 institute, however, will be held in Los Angeles at the southern branch of the University of California.

Announcements concerning eligibility of applicants, date and program will be announced in an early issue of this publication.

The Sanatorium Treatment Of Tuberculosis.

The treatment of tuberculosis in special tuberculosis hospitals is comparatively recent. The entire sanatorium movement has developed in this country in the last forty years. Prior to that time, tubercular patients were generally treated in their own homes, the chronic and long continued character of the cases being such that few tubercular patients reached the hospital except in the last stages of the disease. Two evils resulted from the presence of tubercular patients in private homes; the patients themselves did not receive the treatment they needed and the other members of the family were exposed to infection. Many of us can remember early days in small country towns when a son or daughter in a family would contract tuberculosis, linger for months or even years, and finally die, the family going on living in the infected house and contracting the disease, one by one, until practically the entire family was wiped out. The death rates from tuberculosis in those days were very high. In 1880, according to Dr. Arthur T. Laird, superintendent of the Nopeming, Minnesota, Sanatorium, the death rate for the registration area of the United States was 326 per 100,000. In Massachusetts, the death rate for 1881 to 1890 was 364 per 100,000. Even this was a marked decrease from the death rate in 1860 in the same state, which was 410 per 100,000. This rate has been gradually reduced, the tuberculosis death rate for 1920 for the entire country being only 114, or almost one-third. How much the tuberculosis sanatorium has had to do with bringing about this result is a question. The open air treatment for tuberculosis was first advocated by Dr. George Bondington, an English physician, in 1839. He received tubercular patients in a small house and encouraged out-door life and open air treatment for them. The first large sanatorium was established by Brehmer in 1859 in Germany. A small, private sanatorium was opened in Asheville, North Carolina, in 1875, but the real beginning of the modern sanatorium movement in America was in 1884, when Dr. E. L. Trudeau established the Adirondack Cottage Sanatorium at Saranac Lake, New York. Dr. Trudeau, himself a victim of the disease who had cured or at least arrested it by out-door life,

first put into practice the principles of treatment which he had worked out in his own case in the Adirondacks. The first state sanatorium was opened by Massachusetts in 1893. Special hospitals and sanatoria for tubercular patients are now found everywhere. The methods used are very largely the same and include rest, fresh air and out-door life as far as possible, proper feeding so as to give the patient the best and most easily digested nourishment and such special treatment as each patient may need. Not only is the tubercular patient much better off in a special sanatorium where he can have such care as he needs but he has also a far greater chance of recovery and is less of a danger to others in the family and out of it.—*Health.*

Checking Spread of Colds In Schoolrooms.

A recent number of this publication carried an article entitled "Catching Cold by Hand." This was read to the students attending the Tomales Joint Union High School in Marin County and the precautions suggested by the author of the article were carefully observed. Chas. L. Hampton, principal of the school, has the following to say concerning what was done to check the spread of colds in this school:

The students were made to understand that colds and influenza are highly infectious diseases and their prevention can be obtained by strict habits of cleanliness. They were informed that the liquid soap furnished by the high school was a disinfectant and that they should wash their hands frequently throughout the day; that at no time should they put their fingers in their mouths or nostrils.

The school talks were supplemented by placards on the walls and in the basement of the building, picturing the importance of plenty of sleep, fresh air and good, wholesome food as necessities for building up good bodily resistance. It was very noticeable throughout the school after this talk that greater interest was shown in hand washing, which was done in a more thorough method than usual.

For a week while the epidemic was at its eight the rooms were vacated by the children every morning between 11 and 12 and everyone was requested to be out playing in the sunshine.

Results: The elementary school in the same village had to close because 50 per cent of the pupils, including all of the teachers, were down with the "flu" at one time. On the other hand, the height of illness in the high school at any time was only five pupils and one teacher out with the "flu."

Although we can not prove that our precaution checked the "flu" in this case, we can say that we have many of the parents feeling that the Tomales Joint Union High School is a safe and healthful place to send their children.

Former Children's Bureau Head Endorses Sheppard-Towner.

Julia C. Lathrop, for nine years head of the Children's Bureau, U. S. Department of Labor, retiring in 1922, is known throughout the United States as one of its foremost citizens.

In a recent communication addressed to Dr. Adelaide Brown, member of the California State Board of Health, she expresses her conviction that the Sheppard-Towner law is a wise and practicable measure, making immediately possible, county-wide, popular education in hygiene and welfare in maternity and infancy.

She says: "This education is indispensable to successful campaigns to reduce maternal and infant mortality because doctors and nurses can not be fully effective if the general population is helpless and ignorant."

MORBIDITY.*

Smallpox.

Twenty-two cases of smallpox have been reported, the distribution being as follows: Alameda County 7, Claremont 1, Fresno County 2, Red Bluff 1, San Francisco 7, San Joaquin County 2, Sutter County 1, Stanislaus County 1.

Typhoid Fever.

Only 2 cases of typhoid have been reported, one from Eureka and one from Sonoma County.

Leprosy.

Fresno County reported one case of leprosy.

Cerebrospinal Meningitis.

Inglewood, Oakland and San Francisco each reported one case of cerebrospinal meningitis.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

*From reports received to date for last week.

COMMUNICABLE DISEASE REPORTS.

Disease	1922-1923				1921-1922			
	Week ending			Reports for week ending March 3 received by March 6	Week ending			Reports for week ending March 4 received by March 7
	Feb. 10	Feb. 17	Feb. 24		Feb. 11	Feb. 18	Feb. 25	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	1	2	3	3	7	3	3	2
Chickenpox	189	207	240	189	168	199	171	156
Diphtheria	171	165	171	83	216	188	160	116
Dysentery (Bacillary)	1	1	0	0	0	0	0	1
Epidemic Encephalitis	3	1	5	1	1	1	2	1
Gonorrhoea	202	69	68	59	100	35	60	110
Influenza	661	1073	1263	675	1013	5238	13195	11668
Leprosy	1	1	0	1	0	0	0	0
Malaria	2	1	2	1	3	4	2	0
Measles	322	396	489	208	20	25	24	19
Mumps	11	24	11	16	120	102	106	90
Pneumonia	198	195	228	108	196	197	232	331
Poliomyelitis	1	0	1	0	0	0	2	1
Scarlet Fever	193	196	214	115	144	147	157	94
Smallpox	21	11	19	22	92	98	81	49
Syphilis	214	74	76	26	137	36	87	132
Tuberculosis	188	129	154	66	155	138	185	143
Typhoid Fever	12	5	5	2	7	6	8	8
Whooping Cough	130	103	116	58	61	47	41	53
Totals	2521	2653	3065	1633	2440	6464	14516	12974

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